

# Chronic Hope Counseling

*Helping People Live Beyond Their Pain*



## Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Cell/Work/Other Phone: \_\_\_\_\_ May we leave a message?  Yes  No

Email: \_\_\_\_\_ May we send you emails?  Yes  No

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

What do you consider to be some of your strengths?

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What do you consider to be some of your weaknesses?

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What are some of your goals for therapy?

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Do you drink alcohol? If so how many drinks weekly?

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Do you use recreational drugs? If so what drugs and how often?

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Have you ever attempted suicide?

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Do you have suicidal thoughts?

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Do you have thoughts of hurting others?

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What is your current living situation (ex. With spouse, with parents, on own ect)?

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Is there anything else you would like your therapist to know?

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**Jennifer Sutton, M.ed, NCC, LPCA**  
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### **My Qualifications**

I received my M.ed in college counseling from North Carolina State University in 2019. I am a Licensed Professional Counselor Associate (LPCA) in North Carolina, my license number is A14947. My experience includes one year as a clinical counseling intern at Barton College where I worked with clients individually and in groups.

### **Restricted Licensure**

I am currently under supervision as a Licensed Professional Counselor Associate in North Carolina. I am working under the clinical supervision of Chris McDonald LPCS, 984-500-2021, [pathtopecounseling@gmail.com](mailto:pathtopecounseling@gmail.com).

### **Counseling Background**

I have a little over a year of counseling experience where I worked at the Barton College Counseling Center. At Barton I worked with college students (typically ages 18-25) where I held individual sessions with clients for typically 45-50 minutes. As a counselor I strive to meet clients where they are in their journey and encourage them to find their best self. Counseling is an adventure full of self exploration and discovery. I am a strong believer that happiness is a choice and I strive to help my clients discover their happy place in this world. Everyone has strengths and I work to help clients use their strengths and past successes to help them succeed despite their daily struggles. By focusing on their strengths clients can recognize what they do well and use that to help them with their self-esteem and translate those strengths to help them in areas they never considered before.

During sessions I rely heavily on cognitive behavioral therapy. I find that people's actions are heavily influenced by their cognition. By recognizing maladaptive thought patterns I can help a client recognize harmful habits and reframe the way they think and experience the world. When a client is shown how to recognize these patterns they can practice different ways of thinking and are able to extend this change long after counseling has ended to create a lasting change in their lives

While working with clients I find it important to help find an individual's own internal motivation. I often use a motivational interviewing technique to guide clients through their own thoughts and assist them in finding their motivation to change. Without a motivation to change, a client will most likely stay stagnant in their progress.

Every client has the ability to find their peace and happiness. No two clients are the same and I am a strong advocate against cookie cutter counseling, I tailor every session to the needs and

personality of my clients. Finding what works for each individual is an art and something that must be practiced. I enjoy continuing to grow my counseling knowledge so I can find new ways to help each of my clients

### **Session Fees and Length of Service**

I charge \$95 for a 50-minute individual session, and \$110 for a 50-minute couples or family sessions. If that rate presents a financial hardship, I do offer a limited number of sliding scale slots for which you may pay less depending on what best fits your budget. If we decide to move forward with a sliding scale option, we agree that you will pay \$ \_\_\_\_\_ per session. I accept cash, check or credit card as payment for services (**when paying with credit card a \$3 charge will be added to the total amount owed**). I currently accept Blue Cross Blue Shield insurance and have sliding scale and payment plan options. Unless a payment plan has been agreed upon payment will be required at the time of service.

### **Use of Diagnosis**

Many individuals seek mental health counseling to find out what is causing their distress. Sometimes, this can lead to a mental health diagnosis. If it seems like you may meet criteria for a mental health diagnosis, we will discuss this together and determine what the best course of action is for you as an individual.

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following **exceptions (will NOT be kept confidential)**:

- (a) You direct me in writing to disclose information to someone else
- (b) It is determined you are a danger to yourself or others (including child or elder abuse)
- (c) I am ordered by a court to disclose information.

**Complaints**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics

(<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Professional Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: [Complaints@ncblpc.org](mailto:Complaints@ncblpc.org)

**Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

# Cancellation Policy

Clients must cancel their appointment at least 24 hours before their scheduled appointment time to avoid a cancellation fee. If you fail to cancel within that 24 hour window you will be responsible for the whole price of the session unless you reschedule your missed appointment within 5 business days.

*I understand Chronic Hope Counseling's cancellation policy:*

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Client Name (Printed)

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Date

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Client Signature

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Date

# Counselor-Client Communication Agreement

There are several ways counselors and clients can communicate with each other. Please read the following communication options and initial next to the forms of communication that you are comfortable with. Approval or denial of any of the following methods of communication will not affect my ability to receive counseling at Chronic Hope. I understand that Chronic Hope and my counselor's voicemail, though password protected, is not a confidential place to leave private information.

\_\_\_\_\_ I approve the use of physical mail (snail mail) as a form of communication from Chronic Hope. Chronic Hope can send me bills, note cards and other letters via the postal service.

\_\_\_\_\_ I agree to let my counselor leave me voicemail at \_\_\_\_\_. Chronic Hope and my counselor will not leave any personal or confidential information on my voicemail.

\_\_\_\_\_ I agree to let my counselor text me at \_\_\_\_\_. No personal information will be left via text message

\_\_\_\_\_ I agree to let Chronic Hope and my counselor email me at \_\_\_\_\_. Chronic Hope and your counselor will not email any private or confidential information. No counseling will be done through email.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

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**Authorization for Credit Card Use**

**Please note that a \$3 service charge will be added to session cost when a card is used**

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_ Please save my card and automatically charge me \_\_\_\_\_ for each session session I attend

\_\_\_\_ Please do not save my card information and have me fill out this form for each session I attend



